

CHILDREN’S RECORDS REVIEW  
(CHILD CARE CENTER)

**INSTRUCTIONS:** *When reviewing client/child records in a facility enter appropriate code in each column.*  
x – Document required for facility category is complete and current  
o – Document is lacking, incomplete or requires updating  
N/A – Not applicable  
*Any item shown as "o" shall be documented on the Licensing Report (LIC 809) with a plan of correction date. File this form in the facility file.*

FACILITY NAME					LICENSE REPORT (LIC 809) DATE								
FACILITY NUMBER					TYPE OF VISIT <div><input type="checkbox"/> PRELICENSING <input type="checkbox"/> FOLLOW-UP</div> <div><input type="checkbox"/> EVALUATION <input type="checkbox"/> COMPLAINT</div>								
*REFERENCE NUMBER	NAME	DATE OF BIRTH	DATE ENROLLED	FULL TIME OR PART TIME	I.D. AND EMERGENCY INFO	ADMISSION AGREEMENT	HEALTH HISTORY	PHYSICIAN REPORT	IMMUNIZA- TION RECORD	T.B. TEST	PARENT'S RIGHTS RECEIPT (LIC 995)	CONSENT FOR EMERGENCY MEDICAL TREATMENT	PERSONAL RIGHTS (LIC 613)
LICENSING EVALUATOR SIGNATURE								DATE					
<div></div>													